Public Health Agency of Canada

2016–17

Report on Plans and Priorities

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

— Public Health Agency of Canada

Également disponible en français sous le titre :

Agence de la santé publique du Canada : Rapport sur les plans et les priorités 2016-2017

This document is available on the following Web site: www.Canada.ca

This publication can be made available in alternative formats upon request.

© Her Majesty the Queen in Right of Canada, as represented by the Minister of the Public Health Agency of Canada, 2016

Publication date: February 2016

This publication may be reproduced for personal or internal use only without permission provided the source is fully acknowledged. However, multiple copy reproduction of this publication in whole or in part for purposes of resale or redistribution requires the prior written permission from the Minister of Public Works and Government Services Canada, Ottawa, Ontario K1A 0S5 or copyright.droitdauteur@pwgsc.gc.ca.

Pub. 150232

Cat. HP2-23E-PDF

ISSN 2292-5821

Table of Contents

MINISTER'S MESSAGE 1

SECTION I: ORGANIZATIONAL EXPENDITURE OVERVIEW 3

Organizational Profile 3

Organizational Context 4

Planned Expenditures 11

Alignment of Spending With the Whole-of-Government Framework 12

Departmental Spending Trend 13

Estimates by Vote 13

SECTION II: ANALYSIS OF PROGRAM(S) BY STRATEGIC OUTCOME 15

Program 1.1: Public Health Infrastructure 15

Sub-Program 1.1.1: Public Health Workforce 16

Sub-Program 1.1.2: Public Health Information and Networks 17

Sub-Program 1.1.3: Public Health Laboratory Systems 18

Program 1.2: Health Promotion and Disease Prevention 20

Sub-Program 1.2.1: Infectious Disease Prevention and Control 21

Sub-Sub-Program 1.2.1.1: Immunization 22

Sub-Sub-Program 1.2.1.2: Infectious and Communicable Diseases 24

Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases 25

Sub-Program 1.2.2: Conditions for Healthy Living 26

Sub-Sub-Program 1.2.2.1: Healthy Child Development 28

Sub-Sub-Program 1.2.2.2: Healthy Communities 29

Sub-Program 1.2.3: Chronic (non-communicable) Disease and Injury Prevention 30

Program 1.3: Health Security 33

Sub-Program 1.3.1: Emergency Preparedness and Response 34

Sub-Program 1.3.2: Border Health Security 35

Sub-Program 1.3.3: Biosecurity 36

Internal Services 39

SECTION III: SUPPLEMENTARY INFORMATION 41

Future-Oriented Condensed Statement of Operations 41

Supplementary Information Tables 41

Tax Expenditures and Evaluations 42

SECTION IV: ORGANIZATIONAL CONTACT INFORMATION 43

APPENDIX: DEFINITIONS 45

ENDNOTES 47

Minister's Message

As the Minister of Health, I am pleased to present the 2016–17 Report on Plans and Priorities for the Public Health Agency of Canada (Agency). It provides information on how the Agency will support the Government on achieving our agenda in the coming year and I am fully confident that the Agency is prepared to successfully support me and work with our partners inside and outside government to deliver for Canadians. However, given our commitment to more effective reporting, this year's report will be the final submission using the existing reporting framework.

The Prime Minister and the President of the Treasury Board are working to develop new, simplified and more effective reporting processes that will better allow Parliament and Canadians to monitor our Government's progress on delivering real change to Canadians. In the future, the Agency's reports to Parliament will focus more transparently on how we are using our resources to fulfill our commitments and achieve results for Canadians.

These new reporting mechanisms will allow Canadians to more easily follow our Department's progress towards delivering on our priorities, which were outlined in the Prime Minister's mandate letter[i] to me.

As a physician and public health practitioner, I know that many factors ranging from physical activity to climate change impact our health. As the Minister of Health, I know that the Agency plays a key role in supporting the health of Canadians with the help of its many collaborators.

In 2016–17, some of the Agency's programming focusses on target populations. For example, the Agency will invest in programs to support early learning among children and in strategies to increase vaccination rates. Also, parents, coaches, and athletes will benefit from the development of a national concussion strategy focused on prevention, early identification, and management. Further, seniors will benefit from initiatives to enable healthy aging in their communities.

In addition to initiatives focused on specific population groups, other Agency initiatives touch the lives of all Canadians. For example, the Agency will implement new approaches to encourage healthy living choices. As well, steps will be taken to deal with antimicrobial resistant organisms that are resistant to standard medical treatments. Other initiatives, such as providing access to key vaccines and protecting Canadians from potential biosecurity threats, will continue to be advanced.

This coming year is an exciting time for myself and for our Government, and I look forward to the opportunity to work collaboratively with our partners and stakeholders to contribute to better public health results.

The Honourable Jane Philpott, P.C., M.P.

Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Krista Outhwaite

Ministerial Portfolio: Health

Enabling Instruments: *Public Health Agency of Canada Act*,[ii] *Department of Health Act*,[iii] *Emergency Management Act*,[iv] *Quarantine Act*,[v] *Human Pathogens and Toxins Act*,[vi] *Health of Animals Act*,[vii] and the *International Health Regulations*.[viii]

Year of Incorporation / Commencement: 2004

Other: In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include human resources, real property, information management / information technology, security, internal financial services, communications, emergency management, international affairs, internal audit services, and evaluation services.

Organizational Context

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent illness, injury, and premature death. The Public Health Agency of Canada[iv] (the Agency) has put in place programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Agency was created within the federal Health Portfolio[v] to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Responsibilities

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing Canada's public health expertise with international partners, and to translate international knowledge and approaches to inform and support Canada's public health priorities and programs—for example, by participating in international working groups to develop new public health tools to protect, mitigate and respond to emerging public health threats.

Strategic Outcome(s) and Program Alignment Architecture (PAA)

1 **Strategic Outcome:** Protecting Canadians and empowering them to improve their health

1.1 **Program:** Public Health Infrastructure

1.1.1 **Sub-Program:** Public Health Workforce

1.1.2 **Sub-Program:** Public Health Information and Networks

1.1.3 **Sub-Program:** Public Health Laboratory Systems

1.2 **Program:** Health Promotion and Disease Prevention

1.2.1 **Sub-Program:** Infectious Disease Prevention and Control

1.2.1.1 **Sub-Sub-Program:** Immunization

1.2.1.2 **Sub-Sub-Program:** Infectious and Communicable Disease

1.2.1.3 **Sub-Sub-Program:** Food-borne, Environmental and Zoonotic Infectious Disease

1.2.2 **Sub-Program:** Conditions for Healthy Living

1.2.2.1 **Sub-Sub-Program:** Healthy Child Development

1.2.2.2 **Sub-Sub-Program:** Healthy Communities

1.2.3 **Sub-Program:** Chronic (non-communicable) Disease and Injury Prevention

1.3 **Program:** Health Security

1.3.1 **Sub-Program:** Emergency Preparedness and Response

1.3.2 **Sub-Program:** Border Health Security

1.3.3 **Sub-Program:** Biosecurity

Internal Services

Organizational Priorities

Priority: Strengthened public health capacity and science leadership

Description: The Government of Canada plays an essential role in supporting public health for Canadians and the Agency is a key player in carrying out that role. The Agency helps to improve the public health practices that directly affect Canadians by strengthening approaches to the undertaking of scientific research, providing oversight of the surveillance systems that enable public health concerns to be tracked, reported, and addressed, and building the evidence base that improves decision-making pertaining to public health matters.

Type: Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to PAA
Strengthen the Agency's innovative scientific research capacity, including the advanced molecular typing methods, bioinformatics, and other digital public health technologies that supports timely national public health response.	April 2016	March 2017	1.1.3
Address key gaps in Canada's public health surveillance system infrastructure by contributing to implementing the Action Plan of the *Blueprint for a Federated System for Public Health Surveillance in Canada* in collaboration with provinces and territories.	April 2016	March 2019	1.1.2
Develop a framework and action plan to improve how public health knowledge is used and applied in order to increase public health system's effectiveness.	September 2016	March 2018	1.1.2
Translate research and evidence into the information and tools that promote good health and prevent disease and injury such as releasing the *Age-Friendly Communication Facts: Tips and Ideas* guide.	April 2016	March 2017	1.2.2.2

Priority: Leadership on health promotion and disease prevention

Description: The Government of Canada recognizes that social, economic and environmental conditions can affect Canadians' health status and can increase the potential for disease. The Agency is a focal point for federal government action to address these realities. By focusing on building a stronger evidence base and collaborating with stakeholders in all parts of Canadian life, as well as internationally, the Agency provides governments, health providers and individual Canadians with the knowledge that supports informed decision-making.

Type: Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to PAA
Collaborate with stakeholders on the development of an Action Plan to increase vaccination uptake in Canada.	April 2016	March 2018	1.2.1.1
Work with stakeholders to develop and implement a national strategy to harmonize guidelines, develop technical solutions, and raise awareness among athletes, parents, and coaches around concussion prevention, early identification, and management.	April 2016	March 2019	1.2.3
Promote mental health, which will include releasing, implementing, and reporting on the implementation of the *Federal Framework for Suicide Prevention*.	April 2016	March 2017[1]	1.2.2.2
Invest in partnerships, foster technological innovations, and support initiatives to promote awareness of dementia and reduce stigma.	June 2016	December 2017	1.2.3

Priority: *Enhanced public health security*

Description: The Government of Canada works closely with partners and stakeholders to identify, develop and implement measures that protect the health and safety of Canadians every day. The Agency focuses on preparing for and responding to public health events and emergencies, enhancing border health security, and regulating pathogens and toxins. The Agency is also alert to the need to work with stakeholders to deal with the public health implications of broader global threats to public health such as climate change.

Type: *Previously committed to*

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to PAA
Address public health risks on aircraft, ships and other passenger conveyances by implementing modernized regulations related to potable water and enhancing oversight of food safety.	April 2016	March 2017	1.3.2
Develop a strategy to better mitigate and address border and travel-related public health risks.	April 2016	September 2017	1.3.2
Strengthen Canada's preparedness to respond to public health threats through targeted investments in medical countermeasures development and acquisition.	April 2016	March 2019	1.3.1
Enhance the transparency and efficiency of the Agency's regulatory authorization and compliance processes by developing a *Regulatory Openness and Transparency Framework* and *Regulatory Compliance and Enforcement Framework*.	April 2016	March 2019	1.3.3

[1] The Agency's work to implement and report on the Federal Framework for Suicide Prevention is ongoing, with a legislated requirement to report back to Canadians every two years.

Priority: Excellence and innovation in management

Description: The Government has committed to delivering open, transparent and effective public services. The Agency upholds this commitment by pursuing innovation and continuous improvement in the design and delivery of its programs and services. The Agency strives to create an environment that cultivates effective management, engagement, teamwork and professional development opportunities required of a high-performing organization.

Type: Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to PAA
Implement government-wide workplace modernization initiatives including Workplace 2.0, GCDOCS/EC, and Pay Modernization	April 2016	March 2017	Internal Services
Enable a culture of high performance through employee career development, post-secondary recruitment, the Performance Management initiative, and the Canada School of Public Service learning model	April 2016	March 2017	Internal Services
Continue to implement a Multi-Year Strategy for Mental Health and Wellness in the Workplace	April 2016	March 2017	Internal Services

For more information on organizational priorities, see the Minister's mandate letter on the Prime Minister of Canada's website.[iv]

Risk analysis

Key Risks

Risk	Risk Response Strategy	Link to Core Responsibility
1) Pandemic, including but not limited to influenza There is a risk that the Agency will not be able to effectively monitor, detect and coordinate a response to infectious respiratory disease outbreaks, and effective medical countermeasures will not be available, leading to significant morbidity and mortality adversely affecting the public's trust in the Agency.	**In support of reducing risk, the Agency will:** • implement measures that will enable a more reliable, timely and efficient supply of vaccines, including responding to shortages, recalls, and quality or safety issues; • Engage stakeholders to maximize monitoring and detection of infectious disease outbreaks; and • Collaborate with stakeholders to develop and validate laboratory technologies and novel methods to better detect and respond to emerging respiratory pathogens, such as influenza viruses. **Performance Measures** Progress in managing risk will be assessed through the Corporate Risk Profile (CRP) process.	1.1, 1.2, 1.3
2) Antimicrobial resistance There is a risk that the absence of a comprehensive national action plan may exacerbate the adverse impact of antimicrobial resistance (AMR) on the health and well-being of Canadians, leading to a loss of public confidence in the Agency.	**In support of reducing risk, the Agency will implement the Federal Framework on AMR, including:** • Work with stakeholders to develop a pan-Canadian strategy to address AMR; • Collaborate with international stakeholders to support the development of an integrated and global package of activities to combat AMR; and • improve integration and reporting of data through the Canadian AMR Surveillance System. **Performance Measures** Progress in managing risk will be assessed through the CRP process.	1.1, 1.2

3) Food-borne diseases There is a risk that the Agency will not receive all relevant, integrated information to inform early interventions, and that partners and stakeholders will not be aware of the information generated by the Agency in a timely manner required to prevent illness, resulting in a loss of public confidence in the Agency.	**In support of reducing risk, the Agency will:** • Work with PulseNet Canada[xx] and provincial/territorial stakeholders to support timely information sharing and continued technology implementation; and • Strengthen surveillance and improve coordination with provincial/territorial networks for the integrated data collection and analysis that will lead to quicker detection of risks related to food-borne illness. **Performance Measures:** Progress in managing risk will be assessed through the CRP process.	1.1, 1.2, 1.3
4) Vector-borne zoonotic infectious diseases There is a risk that the total burden of vector-borne disease (e.g., Lyme disease) will increase without a national approach to monitor and assess these diseases and to enable the implementation of prevention and control measures, adversely affecting the public's trust in the Agency.	**In support of reducing risk, the Agency will:** • Work with stakeholders to monitor the emergence and impact of vector-borne pathogens in Canada through laboratory testing and surveillance; and • Develop the *Federal Framework on Lyme Disease*. **Performance Measures:** Progress in managing risk will be assessed through the CRP process.	1.1, 1.2
5) Chronic disease There is a risk that, without adequately refocusing the Agency's activities in science/research, surveillance, policies/programs and partnerships towards the upstream—social determinants, protective factors and risk factors—the Agency's relevance in health promotion and disease prevention within the national public health system will be compromised.	**In support of reducing risk, the Agency will:** • Develop new approaches to public health surveillance and reporting, including health inequality indicators, and continue to work to enhance the public's access to data. In addition, promote the use of data to inform policy, program and technological innovations to improve the health of Canadians; and • Continue to use of the Agency's *Chronic Disease and Injury Indicator Framework* as the basis for informing evidence-based policy and program directions and tracking trends nationally. **Performance Measures:** Progress in managing risk will be assessed through the CRP process.	1.2

The Agency operates within a dynamic and complex environment in which domestic and international public health challenges continually evolve, highlighting the importance of ongoing planning and preparedness for public health. The multi-jurisdictional nature of public health also

means that the Agency must work closely with domestic and international stakeholders to respond to situations and to build on lessons learned.

The risks identified in the table above are drawn from the Agency's 2013–15 CRP and represent those risks which were ranked as having the highest likelihood of significant impacts on the achievement of the Agency's objectives, and the most important potential health and safety consequences for Canadians in the event of a failure of any risk response strategy. The development of a 2016–18 CRP is underway at the Agency.

Planned Expenditures

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
589,737,802	589,737,802	581,557,949	578,851,249

Human Resources (Full-time equivalents—FTEs)

2016–17	2017–18	2018–19
2,498	2,490	2,490

Budgetary Planning Summary for Strategic Outcome(s) and Program(s) (dollars)

Strategic Outcome(s), Program(s) and Internal Services	2013–14 Expenditures	2014–15 Expenditures	2015–16 Forecast Spending	2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
Strategic Outcome 1: Protecting Canadians and empowering them to improve their health							
1.1 Public Health Infrastructure	132,987,799	124,806,312	113,899,303	115,963,044	115,963,044	115,741,668	115,491,668
1.2 Health Promotion and Disease Prevention	305,929,930	351,381,857	305,370,064	300,679,998	300,679,998	304,629,999	306,673,296
1.3 Health Security	73,097,007	61,983,921	62,742,150	77,462,190	77,462,190	65,636,018	61,136,018
Subtotal	**512,014,736**	**538,172,090**	**482,011,517**	**494,105,232**	**494,105,232**	**486,007,685**	**483,300,982**
Internal Services Subtotal	109,482,900	98,797,095	111,555,499	95,632,570	95,632,570	95,550,264	95,550,267
Total	**621,497,636**	**636,969,185**	**593,567,016**	**589,737,802**	**589,737,802**	**581,557,949**	**578,851,249**

The 2015–16 Forecast Spending decreased from the previous year expenditures primarily due to the Agency making the final payment to provinces and territories under the Hepatitis C Health Care Services Program in 2014–15.

Planned Spending decreases between 2016–17 and 2018–19 are primarily associated with reduction of funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and a reduction of funding to Acquire Medical Countermeasures for Smallpox and Anthrax.

Alignment of Spending With the Whole-of-Government Framework

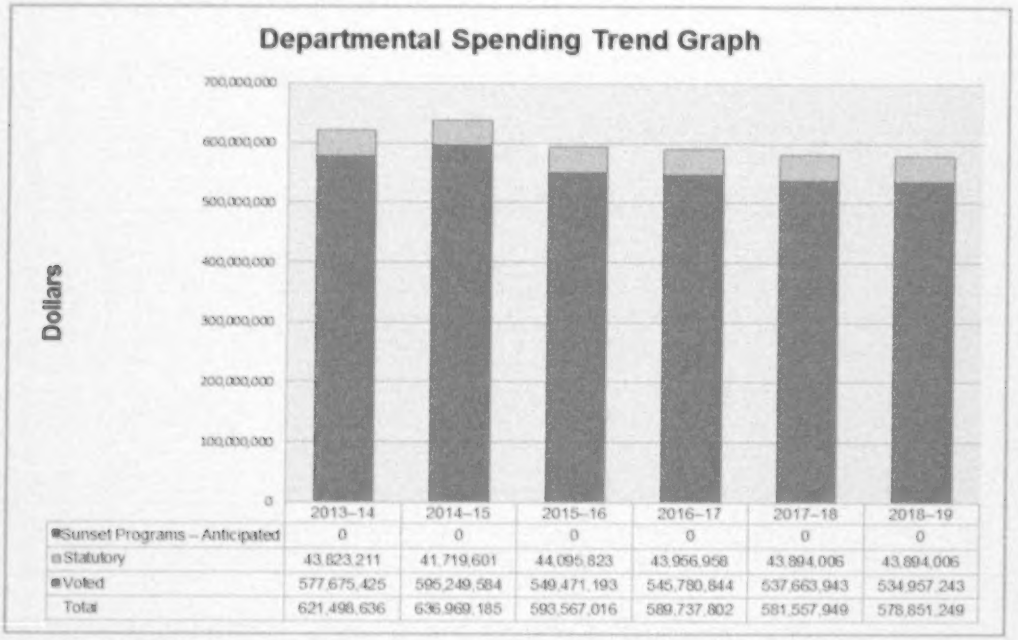
Alignment of 2016–17 Planned Spending With the Whole-of-Government-Framework Spending Area[xiii] (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2016–17 Planned Spending
Protecting Canadians and empowering them to improve their health	1.1 Public Health Infrastructure	Social Affairs	Healthy Canadians	115,963,044
	1.2 Health Promotion and Disease Prevention	Social Affairs	Healthy Canadians	300,679,997
	1.3 Health Security	Social Affairs	A Safe and Secure Canada	77,462,190

Total Planned Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic affairs	N/A
Social affairs	494,105,231
International affairs	N/A
Government affairs	N/A

Departmental Spending Trend



	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Sunset Programs – Anticipated	0	0	0	0	0	0
Statutory	43,823,211	41,719,601	44,095,823	43,956,958	43,894,006	43,894,006
Voted	577,675,425	595,249,584	549,471,193	545,780,844	537,663,943	534,957,243
Total	621,498,636	636,969,185	593,567,016	589,737,802	581,557,949	578,851,249

The changes in Planned Spending are primarily associated with a reduction of funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and a reduction of funding to Acquire Medical Countermeasures for Smallpox and Anthrax.

Estimates by Vote

For information on the Agency's organizational appropriations, please see the 2016–17 Main Estimates.[xiv]

Section II: Analysis of Program(s) by Strategic Outcome

Strategic Outcome: Protecting Canadians and empowering them to improve their health

Program 1.1: Public Health Infrastructure

Description: The Public Health Infrastructure Program strengthens Canada's public health, workforce capability, information exchange, and federal, provincial and territorial networks, and scientific capacity. These infrastructure elements are necessary for effective public health practice and decision-making in Canada. The program works with federal, provincial and territorial stakeholders in planning for and building strategic and targeted investments in public health infrastructure, including public health research, training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services, surveillance, outbreak response capacity and national laboratory coordination to inform public health policy and practice. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system based on excellence in science. Key stakeholders include local, regional, provincial, national and international, public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
115,963,044	115,963,044	115,741,668	115,491,668

Human Resources (FTEs)

2016–17	2017–18	2018–19
723	723	723

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has the public health system infrastructure to manage public health risks of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the *International Health Regulations*	2	March 31, 2017
Public health professionals have timely access to peer reviewed laboratory and surveillance publications to inform public health action	Number of citations referencing Agency laboratory research publications	1,800	March 31, 2017
	Percent of accredited reference laboratory tests conducted within the specified turnaround times	95	March 31, 2017

Planning Highlights

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's Organizational Priorities 1, 2, and 3, as well as manage related risks 1, 2, 3, and 4 as described in the Risk Analysis sub-section.

As part of this Program in 2016–17, the Agency will:

- Enhance global public health security by continuing to strengthen domestic capacities and by contributing to global efforts to implement the *International Health Regulations*.[xv]
- Strengthen Canada's national laboratory capacity and further develop the evidence base to address public health events and emerging issues of national and international importance.
- Advance the development of laboratory technologies and engage collaborators in the implementation of innovative methods and tools to support action against infectious disease.
- Develop a long-term laboratory technology modernization strategy that will address revolutionary technology advancements and modernize public health investigations.

Sub-Program 1.1.1: Public Health Workforce

Description: The Public Health Workforce Sub-Program contributes to the development and maintenance of a Canadian public health workforce which has the ability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Sub-Program provides training and support to public health professionals to develop and maintain their ability to carry out core functions and respond effectively and cooperatively to public health events. The Sub-Program takes a leadership role in developing; identifying core competencies; coordinating and delivering training; strengthening national response capacity for disease outbreaks and public health events/emergencies, and providing funding to strengthen and advance the use of research to improve public health policies and practices. The Sub-Program uses funding from the following transfer payment: Public Health Scholarship and Capacity Building Initiative.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
12,838,053	12,814,593	12,814,593

Human Resources (FTEs)

2016–17	2017–18	2018–19
92	92	91

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Public health partners and stakeholders have the abilities necessary to execute their public health functions	Percentage of participants who say the training courses improved their public health knowledge and skills	90	March 31, 2017
	Percentage of post-secondary public health programs that use public health competencies in the design of their curriculum	75	March 31, 2017
	Percentage of field placement site organizations who report their capacity, including the ability to respond to public health events, increased	85	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Strengthen the Agency's capacity to identify, manage and develop skills related to emergency preparedness and science.
- Deliver the training and applied apprenticeships that better equip public health professionals to perform their functions.

Sub-Program 1.1.2: Public Health Information and Networks

Description: The Public Health Information and Networks Sub-Program exists to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues and to ensure that public health professionals and partners have access to reliable, actionable public health data and information. It does this by facilitating coordination and collaboration among international, federal, provincial, and territorial partners. It establishes structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals and other stakeholders. With partners the Sub-Program provides leadership on the development of collaborative strategies, plans and responses to public health emergencies, emerging issues and those affecting the sharing of information for effective surveillance and action. The Sub-Program also invests in tools and processes to inform public health practice, providing evidence and applied knowledge, for effective decision-making. The Sub-Program uses funding from the following transfer payments: National Collaborating Centres for Public Health, and the International Health Grants Program which pays Canada's assessed contribution to the Pan American Health Organization.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
31,580,017	31,382,101	31,132,101

Human Resources (FTEs)

2016–17	2017–18	2018–19
91	91	92

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Public health partners work collaboratively to address existing and emerging public health issues	Number of jurisdictions who sign the Multi-Lateral Information Sharing Agreement on infectious diseases and public health events	13	March 31, 2017
	Percent of Public Health Network Council and Steering Committee work plan items that are completed	85	March 31, 2017
Canadians have access to reliable, actionable public health data and information	Percentage change in page views, averaged across all sections of the Chief Public Health Officer's Report on the State of Public Health in Canada	Establishing a baseline	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Collaborate with provinces, territories and other stakeholders through the Pan-Canadian Public Health Network on priorities such as promoting healthy weights and mobilizing action on injury prevention.
- Collaborate with provinces and territories to implement the Action Plan of the *Blueprint for a Federated System for Public Health Surveillance in Canada* with a focus on strengthening the infrastructure that supports public health surveillance.
- Support ongoing implementation of the Multi-Lateral Information Sharing Agreement, which sets out why, how, what and when federal, provincial and territorial governments share and use information on infectious diseases and public health events.

Sub-Program 1.1.3: Public Health Laboratory Systems

Description: The Public Health Laboratory Systems Sub-Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state-of-the-art technologies. The Sub-Program informs public health professionals at all levels of government to enable evidence-based decision-making in the management of, and response to diseases and their risk factors. The Sub-Program conducts public health research, uses innovative approaches to advance laboratory science, performs reference laboratory services, contributes to public health surveillance, provides outbreak response capacity and leads national public health laboratory coordination. The Sub-Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious

disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Sub-Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and actions that contribute to the lifelong health of the population.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
71,544,974	71,544,974	71,544,974

Human Resources (FTEs)

2016–17	2017–18	2018–19
540	540	540

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has the laboratory capacity to address public health threats	Percent overall success rate in external proficiency exercises for accredited tests	80	March 31, 2017
	Percent of clients indicating overall satisfaction with laboratory reference services	90	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Assess existing laboratory capacity as part of developing a strategy to make the best use of Canada's biocontainment laboratory facilities.
- Provide comprehensive, timely and highly specialized laboratory reference services to detect priority and emerging pathogens from human, food, animal and environmental sources, and monitor associated public health risks.
- Contribute to the tracking and monitoring of infectious diseases in Canada through strain surveillance and pathogen detection and characterization.
- Identify, monitor, and study antimicrobial resistant organisms as part of Canada's overall AMR approach.

Program 1.2: Health Promotion and Disease Prevention

Description: The Health Promotion and Disease Prevention Program aims to improve the overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and mitigating the impact of chronic disease and injury, as well as infectious diseases. Working in collaboration with provinces, territories, and stakeholders, the Program develops and implements federal aspects of frameworks and strategies (e.g., *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
300,679,998	300,679,998	304,630,000	306,673,296

Human Resources (FTEs)

2016–17	2017–18	2018–19
849	848	848

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Diseases in Canada are prevented and mitigated	Rates per 100,000 of key infectious diseases	HIV: 6.41	March 31, 2017
		Hepatitis B: 15.1	
		Hepatitis C: 29.5	
		Tuberculosis: 3.6	
		E-Coli 0157: 1.39	
		Salmonella: 19.68	
		Invasive Pneumococcal Disease in adults, 60 years and older: 12.4	
		80 percent decrease in varicella-related hospitalization rate, compared to pre-vaccine	
		Five-year median incidence of non-imported cases of measles, aged 7 years or older: 0.7	

	Number of pertussis (whooping cough) deaths in the target population of less than or equal to three months of age	0	
	Rate of key chronic disease risk factors (percent of adults aged 20 and over that report being physically active)	62[1]	
	Rate of key chronic disease risk factors (percent of children and youth aged 5 to 17 who are overweight or obese)	32[2]	

Planning Highlights

In addition to the expected results identified above, this Program will contribute to meeting the Agency's Organizational Priorities 1, 2, and 3, as well as manage related risks 1, 2, 3, 4, and 5 as described in the Risk Analysis sub-section.

As part of this Program in 2016–17, the Agency will:

- Engage with stakeholders to test innovative approaches such as incentive-based models that may encourage Canadians to make sustained healthy living choices.
- Refine "social return on investment" methodologies as a way to better understand how Agency investments affect the health and well-being of Canadians and to help the Agency better manage for results.
- Work with international stakeholders on new approaches to healthy living and the prevention of non-communicable diseases.
- Provide stakeholders with information, knowledge and tools to prevent and control infectious and communicable diseases.
- Continue to collaborate with stakeholders to prevent and control infectious and communicable diseases.

Sub-Program 1.2.1: Infectious Disease Prevention and Control

Description: The Infectious Disease Prevention and Control Sub-Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of existing and emerging infectious diseases in Canada. The Sub-Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, knowledge translation and exchange, intervention and prevention. Applying an evidence-based approach, the Sub-Program informs targeted prevention and control initiatives, such as immunization, for many infectious disease threats, including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and blood borne infections (e.g., Hepatitis B and

[1] This baseline is obtained through the Canadian Community Health Survey (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

[2] This baseline is obtained through the Canadian Health Measures Survey (2009–11). Over time, the objective is to achieve a downward trend for obesity and overweight.

C. *difficile*), hospital associated infections (e.g., C. difficile), and human diseases resulting from environmental exposures to food, water, animals and other vectors (e.g., Listeria, E. coli o157, West Nile virus). This Sub-Program reinforces efforts to protect the health and well-being of Canada's population and, efforts to reduce the economic burden of infectious disease by coordinating effective responses to public health risks, integrating action amongst partners and stakeholders, contributing to global efforts, and providing public health expert advice to guide individual health-related decision-making, and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by the Sub-Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada's *International Health Regulations* obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
[redacted]	[redacted]	[redacted]

Human Resources (FTEs)

2016–17	2017–18	2018–19
[redacted]	[redacted]	[redacted]

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Actively engaged Canadians on infectious disease issues	Percent of information accessed via social media outreach mechanisms	[redacted]	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Lead the development of a pan-Canadian AMR strategy by engaging other government departments, provinces, territories, stakeholders and industry.
- Develop and increase access to information, knowledge and tools to prevent infectious and communicable diseases.

Sub-Sub-Program 1.2.1.1: Immunization

Description: The Immunization Sub-Sub-Program seeks to protect Canada's population from the health risks associated with vaccine preventable diseases, thereby reducing the burden of infectious disease and making Canada's health care system more sustainable. The Sub-Sub-Program also allows Canada to meet its international obligations and commitments under the *International Health Regulations*. Working collaboratively with the provincial and territorial governments as well as with other stakeholders, intermediaries and researchers largely through

the National Immunization Strategy, the Immunization Sub-Sub-Program plays a leadership role in activities that: secure a vaccine supply so that the Canadian population has timely access to safe, effective, economical and equitably distributed vaccines; support surveillance related to coverage and vaccine safety; enhance outbreak response; strengthen vaccine research, innovation and development; and establish national standards for registries and data collection. The Sub-Sub-Program fosters, promotes and strategically manages surveillance, science and research to support evidenced-based public health decisions and actions by providing policy, process and knowledge leadership through: the collection and analysis of data; and the dissemination of timely, evidence-based guidance, decision support tools, research and knowledge exchange and information products. Finally, the Sub-Sub-Program supports the work of the National Advisory Committee on Immunization, which provides science-based expert advice on the use of existing and new vaccines for Canadian jurisdictions.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
[redacted]	[redacted]	[redacted]

Human Resources (FTEs)

2016–17	2017–18	2018–19
[redacted]	[redacted]	[redacted]

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Program stakeholders have information and resources to prevent and control health risks associated with vaccine preventable and respiratory infectious diseases and vaccine safety	Percent of child vaccines purchased for publicly funded immunization programs in Canada through the P/T/T Sub-Purchasing Program	Establishing a baseline	March 31, 2017
Canadians and others living in Canada take positive action to protect themselves from the health risks associated with vaccine preventable and respiratory infectious diseases	Percent of 2-year-old Canadian children who received at least one dose of measles-containing vaccine by their second birthday	95	March 31, 2017
	Percent of adults aged 65+ having received pneumococcal vaccine	80	March 31, 2017

Planning Highlights

As part of this Sub-Sub-Program in 2016–17, the Agency will:

- Engage provinces and territories in updating Canada's vaccination coverage targets
- Develop and implement a process to provide timely vaccine guidance, incorporating economic analyses to assist provinces and territories in developing their vaccine programs

- Work with public health stakeholders towards the development of an action plan to increase vaccination uptake in Canada.
- Support the 12th biennial Canadian Immunization Conference (December 2016) to bring together pre-eminent Canadian and international experts to exchange knowledge and examine issues in immunization and public health.

Sub-Sub-Program 1.2.1.2: Infectious and Communicable Diseases

Description: The Infectious and Communicable Diseases Sub-Sub-Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases[4] which are identified by the Agency as leading causes of hospitalization and morbidity and mortality in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Sub-Sub-Program assesses and models public health interventions, monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial and international partners to develop national approaches to manage infectious disease threats including antimicrobial resistance, and helps prevent the transmission of these infections (such as healthcare-associated infections, sexually-transmitted infections, including HIV/AIDS, hepatitis B and C, tuberculosis, vaccine-preventable diseases, influenza, MERS-CoV and other respiratory infectious diseases). The Sub-Sub-Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial and territorial health care experts. This Sub-Sub-Program, informed by science, uses this knowledge to prepare for and prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision-making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the *International Health Regulations*. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV and AIDS in Canada, Hepatitis C Prevention, Support and Research Program, and the Blood Safety Program.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
28,882,590	28,882,591	28,925,888

Human Resources (FTEs)

2016–17	2017–18	2018–19
205	204	204

[4] An emerging disease is one that has appeared in a population for the first time, or that may have existed previously but is rapidly increasing in incidence or geographic range. A re-emerging disease once was a major health problem globally or in a particular country, and then declined dramatically, but is again becoming a health problem for a significant proportion of the population.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
New and updated guidance and tools on the prevention and control of infectious disease are available to health care providers to inform practice	Percent of emerging and re-emerging infectious disease guidance requiring an update that is updated and disseminated annually	75	March 31, 2017
Infectious disease surveillance information is available to support evidence based decision making	Timely publication of surveillance products: Percent of surveillance publications/ data products for key infectious diseases that were published within the established service standard or reporting cycle timelines	80	March 31, 2017

Planning Highlights

As part of this Sub-Sub-Program in 2016–17, the Agency will:

- Collaborate with stakeholders in monitoring respiratory infectious diseases across Canada and provide timely information to public health professionals.
- Update the Canadian Antimicrobial Resistance Surveillance System plan for priority organisms to strengthen AMR surveillance and increase knowledge access through timely releases of reports.
- Increase the use of knowledge exchange tools such as reports, evidence based guidance, infographics, webinars, and social media to help front-line health care, public health and community-based organizations better address infectious disease issues, such as AMR, tuberculosis, and sexually transmitted and blood-borne infections (e.g., HIV/AIDS).

Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases

Description: The Food-borne, Environmental and Zoonotic Infectious Diseases Sub-Sub-Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment, animals and human health, the Sub-Sub-Program develops and disseminates measures to help address the risks associated with infectious disease threats such as Salmonella, E.coli O157, West Nile virus, Legionella, Listeria and, emerging antimicrobial resistance in the food chain (i.e., animals, food, and humans). The Sub-Sub-Program undertakes national surveillance of food-borne illness, zoonotic diseases and antimicrobial resistance in the food chain, conducts targeted research projects aimed at reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks. It also addresses the risk associated with rising global population mobility through enhancing evidence-based information. The Sub-Sub-Program works with federal, provincial, territorial and regional stakeholders as well as international public health organizations to help address emerging global food-borne,

water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
12,935,970	12,935,970	12,935,970

Human Resources (FTEs)

2016–17	2017–18	2018–19
88	88	88

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Knowledge uptake of food safety surveillance information	Percent of food safety surveillance information uptake by stakeholders	90	March 31, 2017
Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner	Percent of significant multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification	90	March 31, 2017

Planning Highlights

As part of this Sub-Sub-Program in 2016–17, the Agency will:

- Hold a conference on Lyme disease to inform the development of a federal framework on the disease.
- Strengthen the capacity to detect and identify causes of food-borne, zoonotic, and prion illness and disease.
- Launch the online Climate Change Adaptation toolkit for public health practitioners and decision makers.

Sub-Program 1.2.2: Conditions for Healthy Living

Description: The Conditions for Healthy Living Sub-Program supports improved health outcomes for Canada's population throughout life by enabling the development of healthy communities. Population-wide health promotion efforts that address health inequalities by responding to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially where poor social, physical or economic living conditions exist. The Sub-Program contributes to early childhood development, sustains healthy living conditions into youth and adolescence, and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories, stakeholders, and organizations that assist individuals directly affected by a condition or disease, the Sub-Program advances initiatives to promote health and well-being. It also develops, tests, and implements evidence-based interventions that can help those facing challenging circumstances (e.g., family

violence, poor mental health, communicable infections and social isolation). Finally, the Sub-Program provides evidence-based information for public health policies, practices and programs, and helps to build community public health capacity.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
191,412,984	191,412,985	191,412,984

Human Resources (FTEs)

2016–17	2017–18	2018–19
326	326	326

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Programs, policies and practices to promote health and reduce health inequalities are informed by evidence	Percent of key stakeholders using evidence-based knowledge products	75	March 31, 2018
Communities have the capacity to respond to health inequalities of targeted populations	Percent of funded community organizations that leverage multisectoral collaborations (more than 3 types of partners) to support at risk populations	90	March 31, 2018
	Percent of funded Hepatitis C and HIV/AIDS related community organizations that leverage formal partnerships arrangements to support at risk populations	95	March 31, 2017
	Percent of funded community organizations that have leveraged funds from other sources	60	March 31, 2018

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Release, implement, and report on the implementation of the *Federal Framework for Suicide Prevention*.
- Publish the first comprehensive pan-Canadian report on health inequalities in collaboration with the Pan-Canadian Public Health Network,[xvi] the Canadian Institute for Health Information, and Statistics Canada.
- Release interactive data tools that will provide new and valuable evidence for use in addressing health inequalities in Canada.
- Engage stakeholders to promote uptake of evidence-based knowledge products and best practices in the response to communicable diseases and infection control.

Sub-Sub-Program 1.2.2.1: Healthy Child Development

Description: The Healthy Child Development Sub-Sub-Program supports improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Sub-Sub-Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Sub-Sub-Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent development, including fetal alcohol spectrum disorder, maternal and infant health, oral health, positive parenting practices and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health and isolation. As well, it facilitates development and use of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations and public health practitioners. The Sub-Sub-Program provides funding through the following transfer payments: Canada Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC), Aboriginal Head Start in Urban and Northern Communities (AHSUNC), Fetal Alcohol Spectrum Disorder (FASD) and Joint Consortium for School Health (JCSH).

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
130,158,236	130,158,236	130,158,235

Human Resources (FTEs)

2015–16	2016–17	2017–18
118	118	118

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Program participants experience improved health and well being	Percentage of Aboriginal children who are better prepared to start school as a result of being enrolled in the AHSUNC program	80	March 31, 2018
	Percentage of parents and caregivers who state their children's health and well-being has improved as a result of program participation	90	March 31, 2018
	Percentage of postnatal participants who breastfed their baby	90	March 31, 2018

Planning Highlights

As part of this Sub-Sub-Program in 2016–17, the Agency will:

- Support healthy child development by continuing to invest in programs that will reach vulnerable mothers, children and families in more than 3,000 communities across Canada.
- Work with Employment and Social Development Canada, Indigenous and Northern Affairs Canada, and partners within the Health Portfolio to support the Government of Canada's Priorities in promoting healthy child development.
- Integrate oral health promotion and disease prevention into the Agency's children's programs in targeted ways.

Sub-Sub-Program 1.2.2.2: Healthy Communities

Description: The Healthy Communities Sub-Sub-Program aims to improve the community capacity to contribute to better health outcomes for Canada's population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, Aboriginal Peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Sub-Sub-Program implements shared priorities in disease prevention and health promotion initiatives. The Sub-Sub-Program develops, adapts and implements promising or innovative population health and community-based initiatives and interventions that equip communities to support the population, including those affected by a communicable disease, in living the healthiest, most productive lives possible. The Sub-Sub-Program facilitates the exchange and uptake of evidence-based information to inform decision making for policy and programs and improve public health outcomes within communities. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV/AIDS, Innovation Strategy, Canadian HIV Vaccine Initiative, and Hepatitis C Prevention, Support and Research Program and Investment, to promote the health of Victims of Family Violence.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
61,254,748	61,254,749	61,254,749

Human Resources (FTEs)

2016–17	2017–18	2018–19
208	208	208

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Organizations funded through community alliances has increased	Percent of organizations funded through community alliances	7	March 31, 2018

Planning Highlights

As part of this Sub-Sub-Program in 2016–17, the Agency will:

- Invest in community-based programs for vulnerable families that address the physical and mental health impacts of family violence, reduce risk factors for recurrence, and help to break cycles of violence.
- Continue family violence surveillance activities in collaboration with provinces and territories through the Canadian Incidence Study of Reported Child Abuse and Neglect and the creation of a pan-northern administrative child maltreatment system.
- Increase awareness and encourage uptake of the Age-Friendly Communities initiative through information sharing and the release of the *Age-Friendly Communication: Facts, Tips and Ideas* guide in collaboration with other stakeholders.
- Refocus investment—based on evidence of effective interventions—in community-based programs for populations at risk of HIV and Hepatitis C to strengthen integrated approaches to disease prevention.
- Work with stakeholders to identify solutions to align the domestic response to tuberculosis and sexually transmitted and blood-borne infections such as HIV/AIDS to reflect global targets, emerging science and evidence from the front-lines.
- Implement community mobilization initiatives in collaboration with targeted provincial and territorial governments to identify and treat latent tuberculosis in at-risk populations.

Sub-Program 1.2.3: Chronic (non-communicable) Disease and Injury Prevention

Description: The Chronic (non-communicable) Disease and Injury Prevention Sub-Program works across sectors to design, deliver and expand innovative solutions for prevention in collaboration with the not-for-profit and private sectors to address complex public health problems. The Sub-Program emphasizes population health approaches that address common risk and protective factors for chronic diseases. The Sub-Program's premise is that no one sector alone can meaningfully address the causes of chronic disease and injury, and that the combined resources and expertise of a wide range of partners are required to identify and generate sustainable solutions to improve the health of the population. Also within this Sub-Program, work is undertaken to conduct public health research and surveillance, with an emphasis on tracking and understanding the common risk and protective factors for chronic diseases and injuries across the life course, and utilizing emerging sources of surveillance information and methods of collection where possible. The Program uses funding from the following transfer payments: Integrated Strategy for Healthy Living and Chronic Disease (Cancer, Diabetes, Cardiovascular Disease, Surveillance for Chronic Disease, Healthy Living, and Observatory of

Best Practices), Canadian Breast Cancer Initiative, Federal Tobacco Control Strategy, and Promoting Access to Automated External Defibrillators in Recreational Hockey Arenas Initiative.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
59,448,823	63,398,823	65,398,823

The increase in Planned Spending in 2017–18 and 2018–19 is primarily due to funding for the Brain Health Initiative.

Human Resources (FTEs)

2016–17	2017–18	2018–19
190	190	190

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Healthy living promotion, chronic disease prevention, and injury prevention practices, programs, and policies for Canadians are informed by evidence	Percent of key stakeholders and partners using evidence	72	March 31, 2017
	Percentage of returning users to the Chronic Disease Infobase Web Platform	25	March 31, 2017
Participating Canadians improve a behaviour in relation to common risk factors	Average daily number of minutes spent in moderate to vigorous physical activity (Ages 18+)	31	March 31, 2018

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Feature new evidence and research to address common risk factors for chronic diseases in the journal, *Health Promotion and Chronic Disease Prevention in Canada*,[xvii] and expand the use of social media to increase the timeliness and accessibility of those research findings.
- Aim to issue the first report from the National Autism Spectrum Disorders Surveillance system, which will fill critical knowledge gaps and strengthen the evidence base that will help improve the lives of affected Canadians.
- Build the evidence base on childhood obesity through policy analysis, research, and international cooperation with the World Health Organization, the United States, and Mexico.
- Use novel surveillance and data dissemination methods to communicate information in a more open, timely, and accurate way that will be relevant to multiple audiences.

- Strengthen the monitoring of dementia, mental health and mental illness, suicide, family violence, physical activity, sedentary behaviour, and sleep in order to increase knowledge of risk factors and protective factors for chronic diseases.
- Implement near-real-time tracking of new injury hazards and risk factors by facilitating earlier identification in order to help reduce the occurrence of injuries.
- Publish new scientific findings on diabetes risk in Aboriginal and Southeast Asian young adult populations in Canada to improve early detection of pre-diabetes and diabetes.

Program 1.3: Health Security

Description: The Health Security Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prevent, prepare for, and respond to public health events/emergencies. This program seeks to bolster the resiliency of the populations and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through collaborations with key jurisdictions and international collaborators. These actions are carried out by fulfilling Canada's obligations under the *International Health Regulations* and through the administration and enforcement of pertinent legislation and regulations.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
77,462,190	77,462,190	65,636,018	61,136,018

The decrease in Planned Spending in 2017–18 is primarily due to a reduction of funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and a reduction of funding to Acquire Medical Countermeasures for Smallpox and Anthrax. The decrease in 2018–19 is due to the sunsetting of the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Human Resources (FTEs)

2016–17	2017–18	2018–19
315	308	308

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians are protected from threats to public health	Percent of collaborative relationships with key jurisdictions and international organizations in place to prepare for and respond to public health risks and events	100	March 31, 2017
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*[1]	100	December 31, 2017

[1] The *Human Pathogens Importation Regulations* were repealed and replaced with the *Human Pathogens and Toxins Regulations* effective December 1, 2015.

Planning Highlights

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's Organizational Priorities 1 and 3, as well as manage related risks 1 and 3 as described in the Risk Analysis sub-section.

As part of this Program in 2016–17, the Agency will:

- Develop a *Health Security Framework* to clarify and articulate a vision for the Agency's health security activities, positioning these within the broader Government of Canada context.
- Enhance health security by collaborating with domestic and international stakeholders on initiatives such as Beyond the Border, the North American Plan for Animal and Pandemic Influenza, the Global Outbreak Alert and Response Network, the Global Health Security Initiative, and the Global Health Security Agenda.

Sub-Program 1.3.1: Emergency Preparedness and Response

Description: The Emergency Preparedness and Response Sub-Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Sub-Program is also responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health events/emergencies. In order to meet these goals, the Sub-Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Sub-Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for events, such as infectious disease outbreaks, pandemic influenza and bioterrorism. In addition, it coordinates response to natural or man-made disasters and preparedness for mass gatherings and high profile events. The Sub- Program enables the Agency to meet its obligations under the *Emergency Management Act* and *International Health Regulations*.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
60,402,696	49,350,394	44,850,394

The decrease in Planned Spending in 2017–18 is primarily due to a reduction of funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad and a reduction of funding to Acquire Medical Countermeasures for Smallpox and Anthrax. The decrease in 2018–19 is due to the sunsetting of the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Human Resources (FTEs)

2016–17	2017–18	2018–19
169	167	167

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has the capacity to prepare for and respond to public health events/emergencies	Percent of high impact and high likelihood public health risks that are mitigated by current Emergency Management plans and procedures	100	March 31, 2017
	Percent of inter-jurisdictional mutual aid/federal assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines	100	March 31, 2017
	Percent of required Health Portfolio human resources ready to respond appropriately to events/emergencies on 24/7 basis	100	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Publish the vaccine annex of the Canadian Influenza Pandemic Plan and award the back-up contract for pandemic vaccine supply as part of the implementation of Canada's Pandemic Vaccine Strategy.
- Strengthen its capacity to detect, assess, report and respond to public health events/emergencies by:
  - Integrating lessons learned from recent public health events, emergencies and exercises;
  - Updating key emergency management plans;
  - Strengthening the Agency's capacity to rapidly mobilize personnel through coordinated approaches to training and development and the development of a mobilization strategy; and
  - Engaging key stakeholders to identify and acquire the medical countermeasures that the Agency needs to stockpile.

Sub-Program 1.3.2: Border Health Security

Description: The Border Health Sub-Program helps protect Canadians from the introduction and spread of communicable disease across borders through administration and enforcement of the *Quarantine Act* and the *Potable Water Regulations for Common Carriers* under the *Department of Health Act*. The Sub-Program includes quarantine services for travellers, cargo and conveyances at Canadian ports of entry. It also includes a risk-based public health inspection program for passenger conveyances (including aircraft, trains, cruise ships and ferries) and

ancillary services (such as flight kitchens and terminals). The Sub-Program provides ship sanitation inspections pursuant to the *International Health Regulations* (IHR). The Border Health Security Sub-Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police and the Canadian Food Inspection Agency.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
0,000,000	0,000,000	0,000,000

Human Resources (FTEs)

2016–17	2017–18	2018–19
00	00	00

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Public health risks associated with import and export of communicable diseases into and out of Canada are mitigated	Percentage of critical violations on conveyances and in facilities that are mitigated within prescribed timeframes	00	March 31, 2017
	Percent of designated Canadian points of entry that maintain the IHR core capacities	000	March 31, 2017

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Enhance its capacity to identify, assess, and mitigate risks related to border and travel health.
- Develop a strategy to better mitigate and address border and travel-related public health risks.
- Address public health risks on planes, ships, and other passenger conveyances by implementing modernized regulations related to potable water and enhancing oversight of food safety under the *Food and Drugs Act*.

Sub-Program 1.3.3: Biosecurity

Description: The Biosecurity Sub-Program helps protect Canadians from threats to public health associated with the use of human and terrestrial animal pathogens and toxins. This Sub-Program has specific responsibility under the *Human Pathogens and Toxins Act*, the *Human Pathogens and Toxins Regulations*, and select sections of the *Health of Animals Regulations* to promote, monitor and enforce safe and secure biosafety practices and laboratory environments. Through the fostering of a foresight-based collaborative Canadian framework for pathogen oversight and accountability, the Sub-Program further contributes to public health security by assessing and

addressing emerging risks and by mitigating risks posed by the malicious use of pathogens with the intent to harm. The Sub-Program employs a risk and performance-based approach for promoting compliance, ensuring compliance, and responding to non-compliances. The Sub-Program provides information, educational resources and technical assistance to assist regulated parties to achieve compliance. The Sub-Program authorizes the conduct of regulated activities through licensing and certification, monitors compliance with regulatory requirements through inspections and audits, and applies a graduated enforcement approach to correct non-compliances. The regulated activities for which licenses are issued are related to six distinct sectors: Academic, Hospital, Private Industry, Public Health, Environmental Health, and Veterinary/Animal Health. The Sub-Program also promotes coordinated pathogen oversight and capacity building between pathogen regulators and security partners domestically and internationally.

Budgetary Financial Resources (dollars)

2016-17 Planned Spending	2017-18 Planned Spending	2018-19 Planned Spending
10,168,084	9,372,189	9,372,189

Human Resources (FTEs)

2016-17	2017-18	2018-19
81	70	70

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Safe and secure biosafety practices and laboratory environments	Percent of *Human Pathogens and Toxins Act* (*HPTA*)-registered laboratories working with moderate-risk pathogens and toxins compliant with requirements	80	March 31, 2017
	Percent of *HPTA*-registered laboratories working or intending to work with high-risk pathogens and toxins compliant with requirements	100	March 31, 2017
	Number of laboratory-acquired infections	0	March 31, 2021

Planning Highlights

As part of this Sub-Program in 2016–17, the Agency will:

- Strengthen the Canadian *Framework for Pathogen Oversight and Accountability* to protect Canadians from new or emerging biosafety and biosecurity threats.
- Enhance the transparency and efficiency of the Agency's regulatory authorization and compliance processes for regulated parties and stakeholders by developing:
  - A *Regulatory Openness and Transparency Framework*, and
  - A *Regulatory Compliance and Enforcement Framework*.

- Meet Canada's biosafety and biosecurity commitments under the *Global Health Security Agenda* and the World Health Organization Executive Board forward plan.

Internal Services

Description: Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
95,632,570	95,632,570	95,550,264	95,550,267

Human Resources (FTEs)

2016–17	2017–18	2018–19
611	611	611

Planning Highlights

Health Canada and the Agency continue to participate in the Shared Services Partnership in which each organization retains responsibility for different internal services and corporate functions while working to deliver equitable services to both organizations. The Partnership will undertake the following key activities and initiatives in 2016–17:

- Take a "digital first" approach to the development of communications advice, products, and services that reflect Canadians' interest in online access to health and safety information.
- Manage the business intelligence gathered from sources such as media statistics and social media trends to communicate more strategically with clients, stakeholders, and Canadians on matters affecting them.
- Enable a culture of high performance among Agency employees through career development, post-secondary recruitment, the Performance Management Initiative, and the Canada School of Public Service learning model.
- Promote a corporate culture that supports workplace well-being, diversity, employment equity, mental health, and respect by supporting plans and initiatives such as the Multi-Year Employment Equity and Diversity Plan and the implementation of the National Standard for Psychological Health and Safety in the Workplace.
- Continue to support a Multi-Year Strategy for Mental Health and Wellness in the Workplace by continuing to provide workplace wellness resources such as training and tools.
- Implement government-wide workplace technology initiatives including Workplace 2.0, GCDOCS, Pay Modernization and My GCHR.

Section III: Supplementary Information

Future-Oriented Condensed Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of the Agency's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, are available on the Agency's website.[xviii]

Future-Oriented Condensed Statement of Operations
For the Year Ended March 31, 2016
(dollars)

Financial Information	2015–16 Forecast Results	2016–17 Planned Results	Difference (2016–17 Planned Results minus 2015–16 Forecast Results)
Total expenses	620,203,185	620,466,555	263,370
Total revenues	14,502,270	13,982,738	(519,532)
Net cost of operations before government funding and transfers	605,700,915	606,483,818	783,903

Supplementary Information Tables

The supplementary information tables listed in the 2016–17 Report on Plans and Priorities are available on the Agency's website.[xix]

- Departmental Sustainable Development Strategy
- Details on Transfer Payment Programs of $5 Million or More
- Disclosure of Transfer Payment Programs Under $5 Million
- Horizontal Initiatives
- Upcoming Internal Audits and Evaluations of the next three years.

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Tax Expenditures and Evaluations[xx] publication. The tax measures presented in that publication are the responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

Sylvain Segard

A/Assistant Deputy Minister, Strategic Policy, Planning and International Affairs Branch
Public Health Agency of Canada
130 Colonnade Road
Ottawa, Ontario K1A 0K9
Canada

Telephone: 613-948-3249

sylvain.segard@phac-aspc.gc.ca

Appendix: Definitions

Appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures: Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent: A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

results: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

[i] **Prime Minister's Mandate Letter**, http://pm.gc.ca/eng/ministerial-mandate-letters

[ii] ***Public Health Agency of Canada Act***, http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html

[iii] ***Department of Health Act***, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[iv] ***Emergency Management Act***, http://laws-lois.justice.gc.ca/eng/acts/E-4.56/page-1.html#s-1

[v] ***Quarantine Act***, http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html

[vi] ***Human Pathogens and Toxins Act***, http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html

[vii] ***Health of Animals Act***, http://laws-lois.justice.gc.ca/eng/acts/H-3.3/

[viii] ***International Health Regulations***, http://www.who.int/ihr/en/

[ix] **Public Health Agency of Canada**, http://www.phac-aspc.gc.ca/index-eng.php

[x] **Health Portfolio**, http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php

[xi] **Prime Minister of Canada's website** http://pm.gc.ca/eng/ministerial-mandate-letters

[xii] **PulseNet Canada** https://www.nml-lnm.gc.ca/Pulsenet/index-eng.htm

[xiii] **Whole-of-Government-Framework Spending Area**, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[xiv] **2015–16 Main Estimates**, http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp

[xv] ***International Health Regulations***
http://www.who.int/topics/international_health_regulations/en/

[xvi] **Pan-Canadian Public Health Network** http://www.phn-rsp.ca/index-eng.php

[xvii] **Health Promotion and Chronic Disease Prevention in Canada** http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/index-eng.php

[xviii] **Future-Oriented Statement of Operations**,
http://www.healthycanadians.gc.ca/publications/department-ministere/phac-plans-priorities-future-statement-operations-2016-2017-plans-priorites-etat-resultats-prospectifs-aspc/index-eng.php

[xix] **Supplementary Information Tables**,
http://www.healthycanadians.gc.ca/publications/department-ministere/phac-plans-priorities-supplementary-information-2016-2017-plans-priorites-renseignements-supplementaires-aspc/index-eng.php

[xx] **Tax Expenditures and Evaluations publication**, http://www.fin.gc.ca/purl/taxexp-eng.asp